Prince George
Division of Family Practice
A GPSC initiative

Division Newsletter

A newsletter for Division members: Family Physicians & Family Practice Residents. Please feel free to share with your Health Care partners

May 2013
Issue 7

Inside this issue:

From the Desk of the President

By Garry Knoll

Welcome to Spring, and I hope you will all join us at our AGM on Wed., May 29th (12:00, UHNBC Rm 410). Here is a highlight from my AGM report concerning the emergent issue of new fees for unattached patient work:

- The new MSP payment structure is retroactive to April 1st.
- The GP Attachment Participation Code (14070) is a "portal" to allow you to receive incentive money for accepting an unattached patient with more complex medical needs into your practice (14074). The 14070 code will also allow additional billing of the fees for new Complex Care Management of Frail Seniors (14075), Telephone Management (14076), and Patient Conference fees (14077)
- Better remuneration for inpatient care

  ⇒Establishment of an Assigned Inpatient Care Network fee that basically rewards you for establishing and participating in a call group (14086).

  ⇒ A 25% increase in the fees for MRP inpatient care. These patients of ours are so sick they need hospitalization and it takes more time.
- Inpatient Primary Care Doctor Program

  ⇒ We transitioned May 1st to a stipend fee like the old Doctor of the Day fee BUT with more financial support that reflects the real work involved to take care of Unassigned patients ill enough to need hospital admission (14088).

If you have any questions please don't hesitate to call the Division (250-561-0125), Garry (250-613-8042) or either of the Division Coaches, Tammy Rogers (250-561-0125) or Heather Chafe (250-612-7798)

Prince George Division Updates

By Olive Godwin

Attachment Funding Announcement

This year marked the end of our prototype work on the Attachment Initiative, or A GP for Me. The Ministry of Health/BCMA announcement, that the General Practices Services Committee (GPSC) would offer the A GP for Me Initiative to all communities in the province, was informed by their learnings from our community and the other two prototype communities, White Rock/South Surrey and Cowichan. We have seen the new initiative unfold in Prince George over the last two months, in the form of new Attachment incentives for the provision of longitudinal care to patients in your practice, as well as incentives to care for unattached (unassigned) patients when they are in acute care. As we have learned in PG, it takes a substantial amount of planning and effort, on the part of a Division and the whole system of care, to properly support the work of Primary Care. To this end, the GPSC has developed a formula that will allocate a set amount of funds to each Division for work at the community level. When the formula was applied to Prince George it meant a reduction in funds for our Division for 2013/2014. The allotted amount is a significant decrease from the prototype funding levels of 2011/2012 and 2012/2013; so much so, that we felt we could not maintain the level of service that had been established. When we asked what risk management plan had been developed for the prototype communities, the GPSC responded by offering some additional transition funds for this year only. We are very appreciative of this response and so, for this year, it will be incumbent upon us to develop a strong sustainability plan and find additional sources of funding. Our goal is to continue all of our activities and initiatives in all four of our Strategic Direction areas.

Project Manager Introduction

The Division is pleased to announce that Ryan Kineshanko has joined our team as Project Manager for the Integrated Practice Support Initiative (IPSI). His focus is to manage the work on the ground for IPSI, help manage Provincial/Local relationships to keep the work on the ground moving forward, designing the Division Coaching Strategy, and lending a hand wherever else he is needed. Ryan's a Northern lad, having grown up in the North and graduating from PGSS in 1984. If you want to know more about Ryan check out his profile on LinkedIn or his company website at www.buildperformance.ca

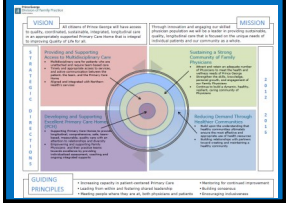
Upcoming Events

Division Annual General Meeting (AGM)
Wednesday, May 29th, 1200 - 1330, UHNBC Room 410, lunch provided

Division Board Meetings
The Division of Family Practice Board meetings are usually held on the 3rd Monday of every month, 1700—1900, at the Division office. If you have something for the agenda or wish to attend, please contact Olive Godwin, E.D., at pgdofp.coordinator@gmail.com or 250-561-0125

The 4 Strategic Directions of Attachment

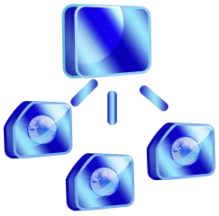
Articles pertaining to the Directions will be highlighted by this symbol:



Division Annual General Meeting — Wednesday, May 29th, 1200—1330

You are invited to attend the AGM in Room 410 of UHNBC. Garry Knoll will present the Chair's report for the past year. We will elect five Board members: there are 3 incumbents, but two spots are wide open. The slate includes: Denise McLeod, Dick Raymond and Khalid Javed (incumbents) and a number of Division members running for the first time. For further information contact Olive Godwin (pgdofp.coordinator@gmail.com) or Zoe Redenbach (zoe.redenbach@gmail.com)

Prince George Division of Family Practice Leadership



Board of Directors

Garry Knoll	Board Chair/Physician Lead
Barend Grobbelaar	Vice Chair
Ian Schokking	Treasurer
Zoe Redenbach	Secretary
Phil Asquith	Member at Large
Patty Belda	Member at Large
Khalid Javed	Member at Large
Denise McLeod	Member at Large
Dick Raymond	Member at Large
Bill Clifford	Ex-Officio (NH IMIT)
Dan Horvat	Ex-Officio (NMP)
Bert Kelly	Ex-Officio (NMS)
Muhammad Shahnawaz	Ex-Officio (FP Dept. Head)

Executive Committee

Garry Knoll	Board Chair
Barend Grobbelaar	Vice Chair
Ian Schokking	Treasurer
Zoe Redenbach	Secretary
Bill Clifford	Ex-Officio (NH IMIT)
Denise McLeod	Member at Large

Membership Detail

Division Members	114
Full-Service Family Physicians	78
In-Patient Doctor of the Day Members (IPDOD) (formerly IPCDP)	36

Committees and Physician Leads for Projects & Initiatives

Division Physician Lead	Garry Knoll
Attachment Initiative Lead	Barend Grobbelaar
Sustaining Attachment Working Group	
Garry Knoll	Barend Grobbelaar
Ian Schokking	Zoe Redenbach
Bill Clilfford	Olive Godwin
Heather Chafe	Tammy Rogers
Ryan Kineshanko	
Collaborative Services Committee	
Barend Grobbelaar	Garry Knoll
Bill Clifford	Olive Godwin
Northern Health Representatives	Patient Representatives
Aboriginal Health Representative	City Representatives
Recruitment & Retention—Co-Leads	Ian Schokking, Ed Marquis
Physicians Data Collaborative	Zoe Redenbach
Healthier Communities Representatives	Bill Clifford, Olive Godwin
Newsletter Physician Lead	Zoe Redenbach

Division Staff

Olive Godwin	Executive Director
Tammy Rogers	Practice Improvement Coach
Ryan Kineshanko	Project Manager
Cheryl Marsolais	Administrative Assistant
Gail Brawn	Executive Assistant, newsletter staff
Joy Schwartzentruber (part-time)	Practice Improvement Coach

Blue Pine Clinic Staff

Megan Hunter	Clinical Team Lead
Sara Hare	MOA
Kaylee Bachand	MOA
Kyle Merritt	Physician—Sessions
Nazia Ashraf	Physician—Sessions
Anita O'Brien	Physician—Sessions
Stephanie Crompton	Physician—Sessions (March)
Linda Van Pelt	NH Nurse Practitioner
Heidi Dunbar	NH Nurse Practitioner
Colleen Isaiah	NH Nurse Practitioner
Janine Thompson	Primary Care Team Member, NH Mental Health & Addictions

UpToDate

If you are not already accessing this service via Divisions, please contact Cheryl at cmarsolais@divisionsbc.ca or 250-561-0125

MOA Locum List

If your office is needing MOA coverage, you can access the list that the Division maintains of contact information, skills, experience, and availability. If you'd like info, or if you have names to add, contact Cheryl at cmarsolais@divisionsbc.ca or 250-561-0125.

Interested in taking a role? Helping with a committee?
Contact Olive Godwin at 250-561-0125 or
pgdofp.coordinator@gmail.com

Job Available: Newsletter editor!

The PG Division of Family Practice tries to put out 2-3 newsletters per year. For the last two years, I have been the editor. But I am stepping down this year, and so the position will be up for grabs! You do not need to be on the Board to fill the editor position, but it does require an interest in the activities and projects of the Division. If you are interested in taking on this role, please speak to Zoe Redenbach, or to Olive Godwin, Division Executive Director.

Zoe Redenbach

PG Division, AMCARE, & AIHS Awarded $70,000 Grant From PITO

by Zoe Redenbach

This spring, PITO put out a call for proposals for Innovation Diffusion Projects (IDP). Bill Clifford thought, "What the Heck," and spent a few minutes writing up a proposal the night before the deadline. Last week, we found out that his proposal was accepted!

This proposal is about adding features to the AMCARE scorecard that look at "meaningful EMR use." This means: how much does the physician use the capacity of their EMR? Are they at level one, only entering demographics and using it for billing purposes? Or have they moved up to using it for lab data, writing referral letters, and writing prescriptions? Are they doing audits?

There are five levels of meaningful use, and PITO hopes to have doctors across BC operating at least at level three. In fact, PITO intends to provide a one-time $3,000 payment to docs who can demonstrate that they are working at level three. Some examples of Level 3 use would be: entering problem lists using IDC codes (rather than typing disease names by hand), properly entering smoking status, BMI, and BP, and being able to accurately determine practice size (i.e. correctly entering patients as "active, transient, deceased, etc.")

Many Prince George users are already operating at level four, thanks to the excellent design of MOIS, and the coaching they have gotten from peers, the Division Coaches, and, if they are lucky, from Bill himself! (When he wanders into the Family Practice building, he never leaves without being waylaid for teaching and questions!)

This planned project is a big step for many reasons: 1) It provides a first-ever method of looking at meaningful use of EMRs in a broad scale (not just what the patient data is, but *how* doctors and MOAs are entering it, *where* you are storing it in the EMR, etc.). 2) It is using the already-successful AMCARE framework, which is known and trusted by MOIS users across Northern BC (and Kamloops… Peter Gorman is still a MOIS user, and recently uploaded to AMCARE for the first time!). 3) Finally, it is recognition by PITO of the excellent work done by MOIS and AIHS in providing an EMR which allows doctors the capacity to easily enter and control their patient data.

If you are interested in finding out more about the levels of meaningful use, where your practice sits in the scale, or how to make procedural changes to improve your data entry, please contact Tammy Rogers, Division Coach, at 250-561-0125

Physicians Data Collaborative Update

by Zoe Redenbach

As your Division Representative on the PDC Board, I have been keeping the PG Division Board up to date on the goings-on at the PDC. Luckily, Bill Clifford is on the Informatics Committee of the PDC, so I have someone who can translate/interpret the actual design plans!

In my last update, I told you about how the PDC had hired a consultant to brain-storm, essentially, about the best structural design for this complicated project. This was completed in November. In January, an excellent Project Manager, Cathy McGuiness, was hired, and is working hard to try to get an actual PDC product under way.

PDC has signed DOIs (Documents of Intent) with both AMCARE and the UBC Department of Family Practice, and has set up an informal partnership with the BCCFP, who will be providing some funding for the PDC.

UBC has started doing some design work looking at the PDC as a means to develop the capacity for a physician or division to ask "queries" about the data in their local EMRs. This emphasis will also allow for a research focus, bearing in mind that it requires the consent of participating physicians! (No one will be able to dig into your EMR without your knowledge or consent).

Work will hopefully start soon for the more population-based information that AMCARE has shown us is so valuable. The PG Division recently hosted a meeting with PDC board and staff members, to make sure they know how important this aspect of the PDC is, and to push for population data design work to progress on a pace with the "query-driven" design.

This work is complicated technically, and politically. Remember: the PDC represents doctors around BC, and so will hopefully be able to bridge the technology of seven different EMRs. That means interacting with up to seven different EMR vendors. (AIHS is the nicest one, by far!)

Division Members:

Interested in helping with Recruitment and Retention of Family Physicians to Prince George? Contact Ed Marquis or Ian Schokking, co-leads for the Recruitment and Retention Committee Working Group. Or, for more information and recruitment opportunities, contact Sheilagh Wilson, our contact at Northern Health (sheilagh.wilson@northernhealth.ca)

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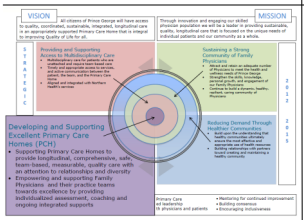
Do you have any topics that you would like to see discussed in a future newsletter? Any questions? Would you like to submit an article for our next Division newsletter? Please send to Gail at gbrawn@divisionsbc.ca for forwarding to our next Newsletter Physician Lead.

Website of Interest: *Ted Talks: Ideas Worth Spreading* www.ted.com

'Riveting talks by remarkable people, free to the world.'



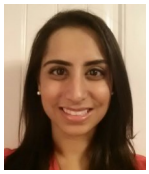
The Coaches' Corner

By Tammy Rogers, Heather Chafe, & Ryan Kineshanko

Tammy (left) & Heather

Hello Everyone from your Coaching Team!!

Exciting news from the Coaches' Corner! We are pleased to announce and welcome our new Practice Improvement Coach, Karen Gill, BHSc to our Coaching team! Karen's start date is June 3rd; please join us in welcoming Karen as she begins the exciting journey of learning the Coaching role with our Division.



It's been a really busy past few months and we are really starting to feel confident in our roles as Practice Coaches. This past fall, we started undertaking the Practice Coaching Curriculum *Clinical Microsystems* through Dartmouth Medical School in Boston, MA (www.clinicalmicrosystems.org). We have been working through the curriculum with a particular PG practice. On June 6th we have our final homework presentation in Richmond and are looking forward to becoming accredited in this prestigious program.

We have found the Dartmouth approach quite useful and have integrated many components of this into our Integrated Coaching approach. The Dartmouth coaching approach utilizes the 5 P's of assessment as its foundation: Purpose, Professionals, Patients, Processes and Performance Patterns. Just as we assess, diagnose and treat our patients, we intend to thoroughly assess the practice, diagnose (find what the practice wants to work on) and treat the issue (identify a plan and resources to assist, always utilizing the strengths of the professionals within the practice first).

Once the practice has identified where they would like to start and we, as coaches, work through the assessment process, we work as a team through our coaching worksheet. The long term goal of this coaching approach is to develop a system to sustain ongoing, continuous Quality Improvement efforts within the practice. As we work with practices, initiating and completing the assessment process and working through the Coaching worksheet (below) and PDSA cycles, we amalgamate the data onto the data matrix we have created. The matrix is a tool designed to capture all of the Practice's data. It is useful:

- For Coaches to keep track of each practice's individual data and share amongst the coaching team
- To "report out" to stakeholders by removing identifiable data and sharing for reporting purposes
- For data analysis – identifying whether trends exist or not between data elements (currently in progress)
- To identify changes in practices over time by saving the Matrix at specific time points

At the end of the day, our work together is a marathon and not a sprint. We appreciate the challenges and constraints of the everyday life in our primary care homes, and we work to meet everyone in the practice "where they are at," moving the work forward at a comfortable pace. We are continuing to learn, develop and grow our coaching skills, resources, relationships, coaching approach and coaching team.

Coming up in May and June, Charlotte Wenninger has committed to facilitating billing workshops – we will be around to the practices with posters. Work is underway with the Physicians who have participated in the PSP MSK module, Group Medical Visits and planning for the End of Life sessions in the fall. We are looking forward to the Fitbit challenge coming up at the end of this month and encourage us all to participate! And finally, we want to emphasize the ongoing partnership with Northern Health as we continue to move our Coaching strategy forward. On June 17th the Division & NH are participating in the first joint "Coaching Skills Program," where our Coaches will be learning a customized Coaching Curriculum.

Coaching Team

Our contact info:
Tammy Rogers
Office: 250-561-0125
Cell: 250-617-3988
E-Mail: tammyrogers52@gmail.com

Heather Chafe
Office: 250-565-2223
Cell: 250-612-7798
E-Mail: Heather.Chafe@northernhealth.ca

MOIS Tip

Your Coaches' MOIS Tip:

- ◊ AIHS is working on updating the on-line user manual (find by clicking the help tab).
- ◊ Look forward to seeing more of Marie as we continue to drop into the practices for our monthly "rounds."
- ◊ In a recent conversation with Mary Severson, she offered a tip for using the "favourites" for medications: In those practices, they are using the favourites to save hard-to-find medications like hormone replacement, rather than the more easily to find medications like warfarin, for example.

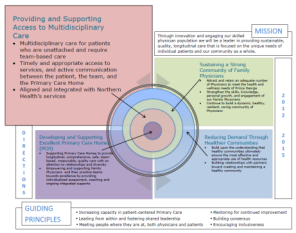
Take the Challenge!

We have all heard about the value of a pedometer in health and fitness, with a goal of taking greater than 10,000 steps per day. Well, the Division is purchasing some pedometers, called Fitbits, to try to help the Physicians of Prince George meet the "Fitbit Challenge."

See page 6!

Update: Blue Pine Clinic

by Megan Hunter, Clinical Team Lead



Now at 10 months into the new incarnation of the Unattached Patient Clinic, the Blue Pine Clinic is going strong. The provider team currently includes MDs Kyle Merritt, Nazia Ashraf, Stephanie Crompton and Anita O'Brien, NPs Linda Van Pelt, Colleen Isaiah and Heidi Dunbar, and Mental Health Nurse Janine Thompson. In total 1 FTE for Physicians and 1.8 FTEs for Nurse Practitioners.

Access to the clinic continues to be by referral only as we attempt to ensure that access to the Blue Pine is first available to those most in need. Since October we have been steadily increasing our referral sources which now include: UHNBC Emergency department and Inpatient program, all specialists, the Cancer Agency, Renal Clinic, Diabetes Clinic, Detox, Mental Health and Addictions, Residential and Community Care, and, as *of this week, all other Northern Health services within Prince George*! We continue to accept referrals of any Prince George residents who do not have a Primary Care Provider. We do not currently accept referrals from the Nechako Clinic or patient self-referrals.

Perhaps not surprisingly, although we have many patients with average medical needs, many of the patients arriving at the Blue Pine Clinic have particularly complex needs with a big emphasis on chronic pain and mental health issues: 8% of our patient panel is currently linked in with the Northern Health (NH) Community Mental Health Teams (ACT, COAST, CAST) and since the 1st of July last year, 30% of our active patients have been in contact with mental health services. The heavy mental health load means that although we are able to offer a limited amount of mental health support in-house, the majority of the mental health support our patients need continues to be offered through out-of-clinic services.

In the months to come we expect to have two main areas of focus. As one of the prototype sites for NH Integrated Health services we, along with the other prototype sites, will be working with NH to implement their new approach to team-based care. We look forward to the support this will eventually offer to all Primary Care Homes in Prince George (PG). Secondly, made possible by Attachment MDC funds, we hope to soon hire a social worker who will work with us both to improve access to social services for some of our patients with more complex needs, and who will have as a side focus a project to look at the current status of non-pharmacologic approaches to chronic pain management in PG. We hope that this work will assist us, and all Primary Care Homes in PG, in identifying gaps in service for this complex set of patients and potentially some ways forward for addressing treatment of chronic pain in our community.

Thanks to everyone who continues to be a support to the Blue Pine Team and we hope to see you all at our anniversary Open House this summer!

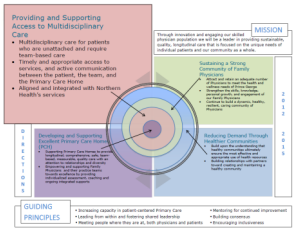
Group Medical Visits (GMVs)

by Mary Jackson M. Ed.

My name is Mary Jackson. This photo was taken in Binché a community that is part of Tl'azt'en Nation, a reservation north of Fort St. James. I was facilitating education for my other role as Executive Director/Educator of a small non-profit, Northern HIV and Health Education Society.

I have been hired to lead the GMV (Group Medical Visit) project for the Prince George Division of Family Practice. Olive Godwin and I had the privilege of learning about Group Medical Visits from Dr. Ed Noffsinger who originally created the model after experiencing care as a patient himself. His goal was to give patients more and from all the research, GMVs succeed in doing that!

Instead of seeing patients on a 1:1 basis, physicians have the same appointment in a group setting usually with 10-16 patients for 90 minutes. Typically there are three people involved in the GMV: the Physician, MOA and a Facilitator. If you are interested in learning more about your Division's GMV project and /or want to participate, please contact me at 250-964-8558 or email me at jacksonmk@shaw.ca We can meet and discuss your needs!

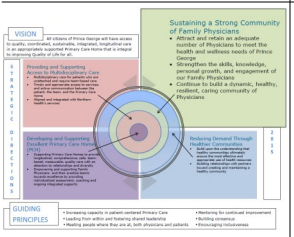


New Incentive Fee for Frail Elderly

by Zoe Redenbach

So, as discussed in Garry Knoll's "From the Desk of the President," the government has initiated several new billing codes. One of these is the equivalent to the "Chronic Care Plan" (14033) indicated for patients having two or more illnesses of the specific list of chronic diseases. This new billing code involves only a single diagnosis: frailty (14075, for $315/year).

The frailty scale used is the CSHA Frailty Scale, scored out of 7. Any person over 65 with a score of 6 or 7 (i.e. moderately or severely frail), is eligible. The code in MOIS is CSHAFRAIL, the Test Name: Frailty index – CSHA (under Measures) MOIS has audit tools to allow you to find these patients. For example, you could do a search to find all patients for whom you have already entered scores of 6 or 7, or to pull up all patients age 65 and up without a frailty score in order to assign one. If you are interested in meeting with a coach to learn more about how to use MOIS, please contact the Division office.



Fitbit Challenge

By Bill Clifford

The Challenge

If our Division of Family Practice can as a group walk, run or cycle more steps than an as-yet-to-be-determined percentage of our very fit colleague Mike Smith, during a 3 month period from June 10th to September 6th 2013, keep the Fitbit ($100 value) provided by the PGDoFP that will document your steps.

Why are we doing this?

The PGDoFP is committed to improved population health in our community. One of our strategies is to promote healthy weight and activity through improved identification of problems and better advice. A number of studies have shown that physically active physicians are more likely to encourage and motivate patients to do the same. One can provide more effective and confident advice when "walking the talk." Conversely, patients have greater confidence in general health advice provided by physicians who themselves model healthy behaviors.

Physicians have the same personal need for good health and good health behaviors as our patients. A recent survey of Canadian physicians revealed that physicians get an average of 20 to 25 minutes per day of total exercise; however, much of this is mild exercise such as easy walking. Only about 15 minutes is either moderate or vigorous exercise, about half of the recommended minimum.

Fitness challenges have been shown to be very effective in motivating increased activity. The Fitbit accurately measures steps and elevation gain. It synchronizes results with a computer or mobile device and provides an electronic personal health record (PHR) that optionally tracks BMI, sleep, and calories, in addition to physical activity levels. Personal experience with a PHR will assist physicians in providing advice and encouragement to patients about this increasingly useful tool.

How does the challenge work?

Members of the PGDoFP can register for the challenge on or after the Annual General Meeting on May 29th. After registering, a Fitbit will be provided along with advice on how to use it and not lose it. Challengers need to register online with the PGDoFP group so we can track how we are doing. Fitbit users can privately invite friends to compare activity. All members are encouraged to record their starting height and weight (this can be recorded as private – even to friends) so that at the end of the challenge, we can evaluate changes that might occur in our collective BMI.

If, as a group, we don't meet the challenge, the Fitbit can be returned or purchased from the PGDoFP at cost. Returned Fitbits may be distributed to patients in need. However, let's hope we can keep them. It's up to us. We can take control of our activity!

Where can I get more information?

See http://www.fitbit.com/ for more information about the Fitbit.

"Increasing activity levels among phy-sicians has the potential to benefit physicians, patients, and the health care system as a whole." (http://www.bcmj.org/mds-be/physician-health-review-lifestyle-behaviors-and-preventive-health-care-among-physicians)

Prince George Division of Family Practice
A GPSC initiative

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Phone: (250) 561-0125
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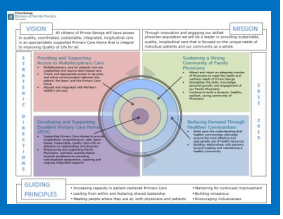
M—F 8:30—4:30

Blue Pine Primary Health Care Clinic
#102, 1302—7th Ave.
Prince George, BC V2L 3P1
Phone: (250) 596-8100
Fax: (250) 596-8101
M—Th 8:30—4:30 (closed 12—1)
F 8:30—12:00

The 4 Strategic Directions of Attachment

The Directions document was developed in early 2012 for the PG Division by Sue Davis, in collaboration with Olive Godwin. As the Physician Engagement Lead for BCMA, Sue is dedicated to providing support to provincial Divisions and her work is instrumental in facilitating Divisions in BC to achieve success.

If you would like copies of the document please contact our office.



With acknowledgement to the Division's funders:

⇒ **General Practice Services Committee** ⇒ **Ministry of Health** ⇒ **BC Medical Association**

⇒ **Northern Health Authority** ⇒ **Physician Information Technology Office (PITO)**